

Coyote Compensation Form

Participant _____

Registration number _____

Mailing address _____ City _____ State _____ ZIP code _____

Number of coyotes checked in: _____ Compensation amount: \$ _____ (at \$50 per coyote)

I certify that all coyotes listed below were taken, as reported, from within the state of Utah.

Signature

Date

PLEASE NOTE THAT FULL CARCASSES WILL NOT BE ACCEPTED.

		Location*					
Date Killed	Sex	Latitude	Longitude	or	UTM Zone	UTM Easting	UTM Northing

*Example location format: Latitude-Longitude: 40° 46' 19.00" N, 111° 56' 12.00" W **or** UTM: Zone 12 T, 420948 E , 4513866 N

For additional forms: Copy this form or find it online at wildlife.utah.gov/predators

Checked in by: _____

Signature of DWR check-in personnel

Approved by: _____

Authorized DWR personnel